STATE OF INDIANA
AUDITOR OF STATE
200 W. Washington St; Room 240
Indianapolis, Indiana 46204

Tera K. Klutz, CPA
Auditor

MEMORANDUM

Emergency Family & Medical Leave (EFML) Request Form

Guidance on what a timesheet should look like based on the selection(s) marked on the request form

Note: Emergency FMLA Leave is capped at $200 day for Gross Wages and $10,000 for Gross Wages in the aggregate (total gross wages that can be received through the duration of the EFML plan) , as well as a twelve week cap that is combined with FMLA.

Each box below represents the first 3 checkboxes located in the middle of the approved EFML Request Form. If the box is checked on the Request Form, the employee should enter fields listed on the timesheet.

- ☑ **I acknowledge the first 75 hours I use EFML is unpaid** unless I choose to use available approved EPSL, accrued leave(s), or earned comp time. Enter:
    - ○ TRC = **OLV** (with the appropriate number of hours)
        - ▪ FMLA Request = **FMLA Request ID #**
        - ▪ User Field 3 = **EPSL20**
    - ○ If using accrued leave(s)
        - ▪ TRC = **VAC, SICK, PER, CTKN** (with the appropriate # of hours)
            - • FMLA Request = **FMLA Request ID #**
            - • User Field 3 = **HLTHER**
- ☑ **After I have taken 75 hours of EFML** (unpaid or using other leave(s)), additional EFML is paid at 2/3 pay rate, not to exceed $200 daily and $10,000 in the aggregate. Please use available leaves in the order stated on the EFML Request Form. (Number the leaves below 1-4 in the order you wish to have them applied.)
    - ○ If using **EFML** at 2/3 pay rate up to $200 /day
        - ▪ TRC = **OLV** (with the appropriate number of hours)
            - • FMLA Request = **FMLA Request ID #**
            - • User Field 3 = **EFML20**
        - ▪ If my daily rate exceeds the $200 daily rate and I choose to Augment, contact the payroll department for guidance
            - • TRC = **SICK, VAC, PER, CTKN** (with the appropriate number of hours)
                - ○ FMLA Request = **FMLA Request ID #**
                - User Field 3 = **HLTHER**
        - ▪ **If using accrued leave for VAC, SICK , PER, CTKN – this is always paid at 100%**

- o If using **EPSL** at 2/3 pay rate up to $200 / day
    - ▪ TRC = **OLV** (with the appropriate number of hours)
        - • FMLA Request = **FMLA Request ID #**
        - • User Field 3 = **EPSL20**
    - ▪ If my daily rate exceeds the $200 daily rate and I choose to Augment, contact the payroll department for guidance
        - • TRC = **SICK, VAC, PER, CTKN** (with the appropriate # of hours)
            - o FMLA Request = **FMLA Request ID #**
            - o User Field 3 = **HLTHER**

- ☑ I choose NOT to apply any other leaves and will receive 2/3 of my pay (up to $200 daily and $2000 total) using EFML only.
    - o If this box is checked on the form the SICK, VAC, PER, CTKN above will NOT be entered on the timesheet

Calculation to Determine # of Hours to Augment to Receive 100% Pay
(for salary augmentation exceeding the daily rate – contact the payroll department for guidance)

- • Multiply the total number of hours used for OLV by .3333
- • Round result up to the nearest .25
- • Enter rounded hours on timesheet with leave TRC (VAC, SICK, PER, CTKN)
    - o Also enter User Field 3 = HLTHER

- o Example 1 – full day of OLV
    - ▪ 7.50 OLV hours entered on timesheet
    - ▪ 7.50 x .3333 = 2.49
    - ▪ Round up to 2.50
    - ▪ Enter 2.50 on timesheet with leave TRC (SICK, VAC, PER, CTKN)
        - • User Field 3 = HLTHER

- o Example 2 – partial day of OLV
    - ▪ 3.0 OLV hours entered on timesheet
    - ▪ 3.0 x .3333 = .99
    - ▪ Round up to 1.0
    - ▪ Enter 1.0 on timesheet with leave TRC (SICK, VAC, PER, CTKN)
        - • User Field 3 = HLTHER